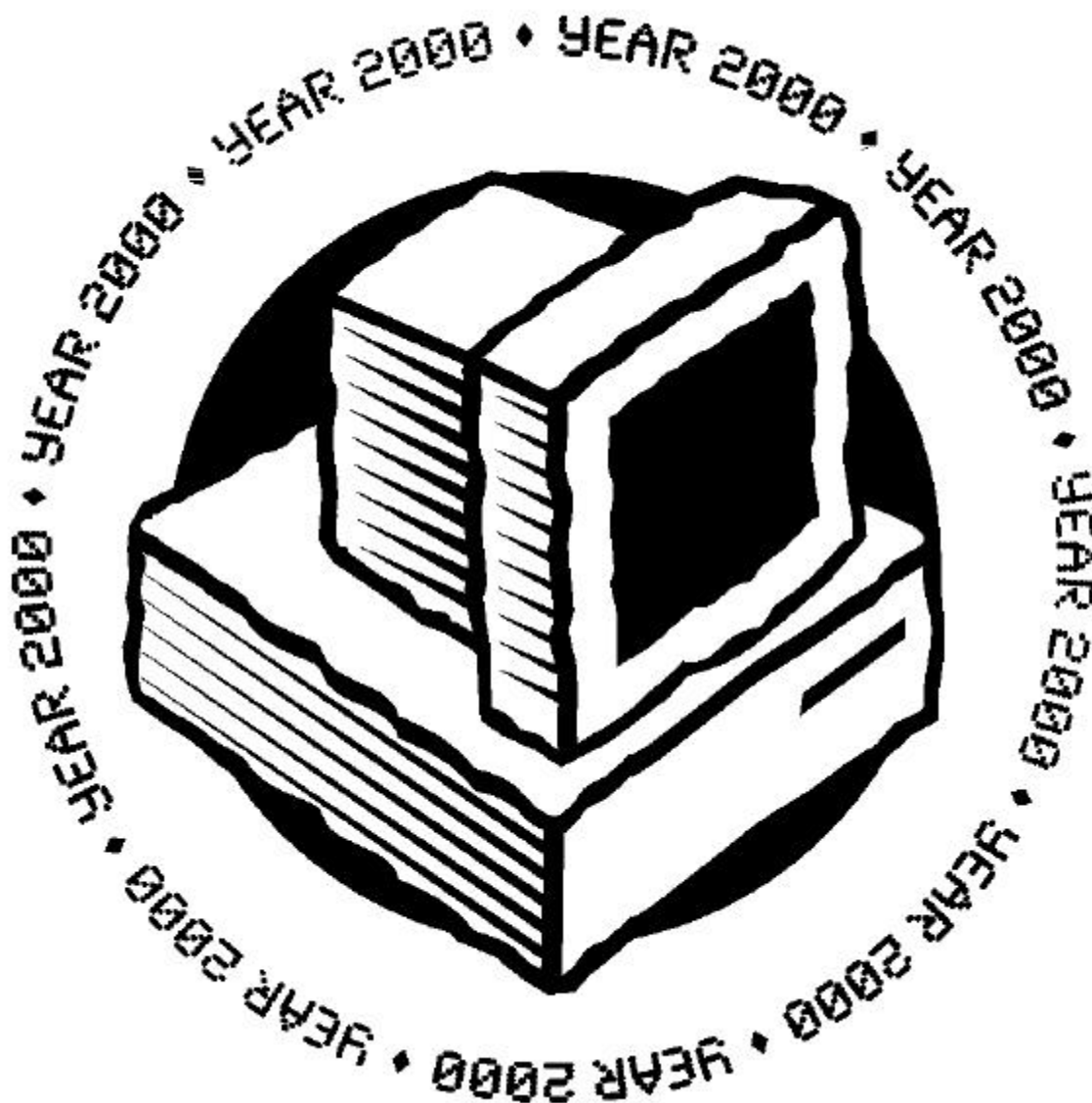


# Y2K Communications Action Kit



*A Tool Kit for California Health Care Providers*

Prepared by the  
American Hospital Association and  
California Healthcare Association

# **Y2K COMMUNICATIONS ACTION KIT**

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## ***PART I***

### **Background**

Some call it the “millennium bug”; others call it a computer problem. No matter what name is used, the year 2000 (Y2K) will undoubtedly affect everyone in some way.

By simple explanation, Y2K is a computer chip’s inability to process dates later than Dec. 31, 1999. The problem stems from the way some computer systems – and other equipment containing computer chips – were programmed to process date information. To conserve memory, dates were stored as two-digit – rather than four-digit – numbers, with all dates assumed to be between 1900 and 1999. Thus, the year 2000 would be stored as “00” and assumed to be 1900; the year 2001 as “01” and assumed to be 1901; and so on.

If equipment containing a computer chip relies on the date to function, it will likely malfunction once the clock rolls around to 2000 *if* it has not been fixed to be Y2K compliant. To add to the confusion, Jan. 1, 2000, is not the only date to be concerned about. For example, some programmers used Sept. 9, 1999, (9/9/99) to indicate an invalid date field. Also of concern is the fact that 2000 is a leap year, which also may throw off programming.

#### ***What Impact Will Y2K Have on Hospitals and Health Systems?***

Health care will be uniquely impacted by Y2K because hospitals and health systems rely on thousands of medical devices and pieces of equipment to serve patients. In addition, they use computer software to perform administrative functions, such as payroll, purchasing, billing and credentialing. They also use computer software for physical plant and building infrastructure, such as elevators and security systems. Operational systems such as electricity, phone lines, heating and air conditioning may be affected. Every day, health care facilities rely on a variety of outside organizations and companies, such as medical suppliers, vendors and public utilities, to deliver care. These are all likely to be affected by Y2K.

In general, hospitals and health systems will have to focus on three areas in their Y2K preparation: 1) medical devices and clinical equipment; 2) information systems; and 3) physical plants and infrastructure. Hospitals and health systems are keenly aware of the problem and have taken many steps to prepare for the millennium bug, which have typically included:

- establishing a Y2K project team led by a senior member of management;
- researching Internet databases for background information;
- preparing an inventory of Y2K-affected equipment, computers and software;
- obtaining equipment-compliance information from manufacturers and vendors;
- testing *all* devices and equipment (not just a sampling) and taking the appropriate steps to repair or replace if necessary;
- communicating and working with manufacturers and vendors to repair or replace noncompliant equipment, computers and software;

- subscribing to device-tracking and notification services that will provide status changes on device compliance;
- developing a repair and/or replacement plan to deal with noncompliant devices, equipment, and computer hardware and software developed or modified by the hospital or health system;
- preparing an internal action plan to deal with potential malfunctions on or about Jan. 1, 2000;
- establishing a central file to document the hospital's or health system's Y2K process and all related communications; and
- establishing a contingency plan to prepare for unforeseen circumstances and working with other community sectors (i.e., public utilities, transportation, water supply, etc.) to ensure Y2K readiness from all perspectives.

### ***Medical Devices: Y2K Mission Critical***

To ensure the seamless delivery of health care services and to help prevent any interruption in patient care, hospitals and health systems have focused first on areas identified as “mission critical” -- those that could potentially endanger life or health. Some medical devices, in particular, fall into the mission-critical category. Examples include defibrillators, fetal monitors, ventilators, heart-lung machines, cardiac monitors and other life-support equipment.

Hospitals and health systems depend on manufacturers and the medical-device industry to provide information on the Y2K-compliance status of mission-critical equipment and many others. This reliance has led to concerns that manufacturers were less than forthcoming in providing Y2K-compliance information.

In an attempt to improve this situation, President Clinton signed *The Year 2000 Information and Readiness Disclosure Act* (Good Samaritan legislation) in October 1998. The legislation is designed to shield from liability the sharing of information among businesses that provide Y2K status in good faith. The law also encourages all parties – providers, suppliers, manufacturers and others – to work together and promote disclosure and exchange of Y2K information. To gain immunity, specific language must be used on written documents regarding Y2K compliance. Remember, it's important to have your legal staff review all Y2K materials.

Because medical devices not only are identified as mission-critical, but also are extensive throughout health care institutions, additional resources exist to help hospitals and health systems identify what needs to be Y2K compliant. One such resource is a product called Security Third Millennium (SIIM).\*

SIIM is offered through a partnership with the American Hospital Association (AHA) and 22 other state and metropolitan hospital associations to help members become Y2K compliant. SIIM contains Y2K compliance information for thousands of pieces of equipment found in hospital inventories nationwide. Frequently asked questions about this product are found on pages 49-51 of this action kit.

*\*This service is available in California through HealthPlus Shared Services. For more information, please contact HealthPlus Shared Services at (925) 746-2400.*

### ***Health Care Facilities Must Think Beyond Y2K Problems***

Hospitals and health systems are busy preparing internally for problems that may result from the malfunction of microchips and computer software, but they also must acknowledge and prepare for problems likely to occur that are not related to the “millennium bug.” These problems may include New Year’s Eve celebrations in public and private venues that lead to rioting and/or damage to community property, as well as a significant increase in drinking and driving, auto accidents, drug overdoses, gang violence and use of weapons. Crowding in the streets may cause traffic congestion which could impact the ability of emergency vehicles to pass through.

In order to address these potential problems, health care providers must work with cities and counties to implement emergency operations plans in the event of unfavorable New Year’s Eve revelry, as well as alert community members to the serious consequences that may result from overzealous celebratory activities (see page 35 for a Community Contingency Plan Template).

Community members also must remember that the local hospital is for patient care and medical emergencies, and should not be viewed as a shelter in the event of massive power outages or rioting. Hospitals and health systems must coordinate with area social service and community agencies to establish alternative “safe zones” for residents, so hospitals can continue to provide high-quality patient care and to adequately handle medical emergencies.

## **HOSPITAL/HEALTH SYSTEM Y2K SELF-ASSESSMENT READINESS SURVEY**

**The following survey will help you determine your hospital/health system's readiness for the year 2000 (Y2K). Use the findings to guide you in your efforts to be Y2K compliant.**

1) Has your institution developed a Y2K plan?

- a. ☐ Yes
- b. ☐ No

2) If outside consultants have been retained to assist with your institution's Y2K plan, what services do they provide? (Check all that apply.)

- a. ☐ define the scope of the project
- b. ☐ program management
- c. ☐ inventory and assessment of information systems
- d. ☐ inventory and assessment of biomedical devices
- e. ☐ vendor compliance
- f. ☐ identification and prioritization of mission-critical systems
- g. ☐ testing, upgrading or correcting software
- h. ☐ evaluating, testing or upgrading biomedical equipment
- i. ☐ contingency planning
- j. ☐ other \_\_\_\_\_

3) Rank the following areas by their potential to adversely affect or disrupt the operation of your institution as we enter the year 2000. (Use 1 for the greatest potential to disrupt, 4 for the least)

- a. \_\_\_\_\_ information systems
- b. \_\_\_\_\_ biomedical equipment
- c. \_\_\_\_\_ plant and facilities infrastructure
- d. \_\_\_\_\_ outside vendors and suppliers

4) Efforts to ensure no disruption to your institution's information systems are:

- a. ☐ 25% complete
- b. ☐ 50% complete
- c. ☐ 75% complete
- d. ☐ 100% complete
- e. ☐ Have not begun
- f. ☐ Not sure

5) Efforts to assess the status of biomedical devices for the year 2000 are:

- a. ☐ 25% complete
- b. ☐ 50% complete
- c. ☐ 75% complete
- d. ☐ 100% complete
- e. ☐ Have not begun
- f. ☐ Not sure

6) Efforts to ensure the plant/facility infrastructures are ready for the year 2000 are:

- a. ☐ 25% complete
- b. ☐ 50% complete
- c. ☐ 75% complete
- d. ☐ 100% complete
- e. ☐ Have not begun
- f. ☐ Not sure

7) Efforts to ensure vendors or suppliers are ready for the year 2000 are:

- a. ☐ 25% complete
- b. ☐ 50% complete
- c. ☐ 75% complete
- d. ☐ 100% complete
- e. ☐ Have not begun
- f. ☐ Not sure

8) The Y2K problem is well understood throughout your institution.

- a. ☐ Agree strongly
- b. ☐ Agree somewhat
- c. ☐ Not sure
- d. ☐ Disagree somewhat
- e. ☐ Disagree strongly

9) You are confident that your institution will enter the year 2000 without serious disruptions.

- a. ☐ Agree strongly
- b. ☐ Agree somewhat
- c. ☐ Not sure
- d. ☐ Disagree somewhat
- e. ☐ Disagree strongly

10) Your institution will complete its Y2K compliance efforts by:

- a. ☐ the end of the first quarter of 1999
- b. ☐ the end of the second quarter of 1999
- c. ☐ the end of the third quarter of 1999
- d. ☐ the end of fourth quarter of 1999
- e. ☐ after Dec. 31, 1999
- f. ☐ have already completed your Y2K program

11) Your institution estimates the cost of its Y2K compliance to be:

- a. ☐ under \$500,000
- b. ☐ \$500,000 to \$1M
- c. ☐ \$1M to \$2M
- d. ☐ \$2M to \$4M
- e. ☐ More than \$4M
- f. ☐ Not sure

## ***PART II***

### **Communication Tools for Various Audiences**

This section provides the basic framework to help communicate Y2K activities with and among various audiences, including the media, public and staff. These communications can serve as tools to be open and honest on this issue by sharing facts along with your progress. The goal is to maintain the public's trust in your hospital or health system, which will continue to provide safe, quality health care on Jan. 1, 2000, and beyond.

The tools provided to communicate with the media – press release, talking points, opinion editorial and radio public-service announcement – represent only a sample of activities a communications team can employ. Other suggestions may include creating a Y2K informational brochure or fact sheets on your hospital's or health system's readiness.

Here's a suggested process for using the enclosed communications tools:

1. Know where your hospital or health system is in Y2K readiness. The Y2K self-assessment readiness survey (see page 5) will help you determine this.
2. Use the crisis communications tips (see page 31) and contingency plan template (see page 35) to help coordinate emergency-response activities with your local public sector. The success of Y2K preparation will depend largely on how well you coordinate with other community partners.
3. Communicate directly with the community via a press release to your local newspaper and by holding a community public forum (see page 9). Refer to the sample public forum agenda, which includes suggested speaker for such forums (see page 11). You also may want to place an op-ed in the local newspaper (see page 15) or a public-service announcement with the local radio station (see page 17). Be ready for media calls with Y2K talking points (see page 13).
4. Emphasize the important roles hospital/health system staff play in Y2K preparation through your internal hospital newsletter (see pages 21 and 23) and a letter to hospital employees from the CEO (see page 25). You also may want to use the letter to patients (see page 27), which can be distributed during patient admissions or as part of a patient take-home package, and the Y2K status report (see page 19) to keep patients and the entire staff abreast of progress the hospital has made in its preparation.
5. Have your legal staff review **all** materials related to Y2K before they are publicly released.

We hope you find this section particularly useful and encourage you to tailor the materials for your own needs.

**EXTERNAL: SAMPLE PRESS RELEASE**  
*(Revise to meet your hospital's/health system's needs.)*

**(Date)**

**For Immediate Release**

**Contact:** *(Hospital Public Relations/Communications/Media Contact Name and Phone Number)*

***(Hospital Name)* Working to Become Y2K O.K. --  
Patient Safety is Top Priority as Countdown Begins**

With the year 2000 (Y2K) only \_\_\_\_ days away, *(hospital name)* has been moving forward with an aggressive Y2K action plan to evaluate medical equipment, information systems and hospital infrastructure to assure patient safety after the turn of the century. With this commitment to safe care, *(hospital name)* will hold a public briefing on its Y2K Action Plan at *(time and date)* in the hospital's auditorium.

"Y2K isn't just about technology, it's also about credibility," said *(full name and title of hospital CEO)*. "Our hospital has been making an extraordinary effort to identify and scrutinize every piece of equipment to eliminate the risk of malfunction through upgrades, according to manufacturers' standards, or equipment replacements – all in the name of patient safety."

Hospital technical experts are checking and verifying the safety of patient-care equipment while, at the same time, gearing up for handling an unpredictable number of patients on Jan. 1, 2000. Hospitals are committed to having appropriate staff levels during the New Year's Eve weekend holiday to ensure patient safety.

Hospital representatives, including biomedical engineers, information system specialists and executive leadership, are collaborating in an unprecedented manner to tackle the challenge. *(Hospital name)* has spent considerable resources to inventory, assess and prioritize each of the thousands of individual pieces of equipment utilized at the facility to ensure the safety of patient care services.

- more -

*(Hospital name)*, along with California's other acute-care facilities, has been working overtime to address the Y2K challenge. Hospital experts also have met with power, water and telephone utility representatives to review and detail a statewide disaster recovery plan in the unlikely possibility that the Y2K bug will bite harder than initially anticipated.

The focus areas for *(hospital name)* include biomedical devices, information systems, facilities/infrastructure and vendor/supply systems. The Y2K date change also has the potential to affect the normal operation of hospital computer systems, including medical records and billing, in addition to certain medical devices.

*(Hospital name)* has undertaken the following to become Y2K compliant: *(list hospital activities -- meetings, educational programs, etc.)*

“Our goal is to educate the community on the many complex issues our hospital faces in connection with the millennium bug, and to reassure our patients and their families that we are effectively addressing those issues so medical care will continue to be safe and effective,” said *(last name of hospital CEO)*.

# # #

## **EXTERNAL: SAMPLE PUBLIC FORUM AGENDA**

*(Revise to meet your hospital's/health system's needs.)*

*(Date)*

*(Time)*

*(Location)*

Hosted by *(Hospital Name)*

### **Suggested Speakers/Panelists:**

- Hospital/Health System President/CEO
- Hospital/Health System Board Chair
- Mayor (or other significant elected official)
- Hospital/Health System Y2K Project Manager or Consultant
- Two or Three Hospital/Health System Y2K Senior Level Team Members
- One or More Representatives From Area Utility Companies (power, water, phone, etc.)

### **Agenda:**

- 1) Welcome and Opening Remarks – Hospital/Health System President/CEO
- 2) Our Commitment to the Community – Hospital/Health System Board Chair
- 3) Hospital/Health System Y2K Action Plan Review and Status Report – Y2K Project Manager
- 4) Examples of Specific Hospital Y2K Challenges and Solutions – Y2K Team Members
- 5) Corporate Cooperation for a Safe Community – Mayor/Elected Official
- 6) Statewide Disaster Preparedness Plan – Utility Company Representatives
- 7) Closing Remarks – Hospital/Health System President/CEO
- 8) Q & A From the Public

**EXTERNAL: TALKING POINTS FOR MEDIA**  
*(Revise to meet your hospital's/health system's needs.)*

- ***(Hospital/health system name)* has one overriding priority when it comes to Y2K:**  
**ensuring the safe delivery of patient care.** The community should take comfort in the fact that our hospital is devoting enormous time, energy and resources to be sure medical equipment and support systems are safe and effective.
  
- **Hospitals nationwide expect to spend up to \$8.2 billion on Y2K efforts.** *(Hospital name)* expects to spend \$\_\_\_\_\_ and devote \_\_\_\_\_ staff hours in addressing the Y2K challenge.
  
- ***(Hospital/health system name)* is actively engaged in becoming Y2K compliant.** This involves doing inventories of equipment and getting information from suppliers, manufacturers and other vendors on their Y2K status. We are evaluating, repairing and, in some cases, replacing equipment and medical devices to be sure they meet Y2K standards.
  
- **It's a big job and we're all in it together.** *(Hospital/health system name)* is reaching out to community partners to help us deliver high-quality care to patients. We're working closely with phone, gas and electric companies, and countless other city, county and community organizations to exchange information and coordinate preparations. We've got more work to do, but we're making great strides and are well on our way.

## EXTERNAL: SAMPLE OP-ED FOR LOCAL NEWSPAPER

*(Revise to meet your hospital's/health system's needs.)*

### *(Hospital/health system name)* Gears Up to Inoculate Against Millennium Bug

Stories abound today on the perils of the "Y2K problem" – the potential for disruption or failure of business operations, communications, power supplies or any activity dependent upon computer technology – when 1999 gives way to 2000. Predictions regarding the severity of the problem are nearly as varied as the number of experts making the predictions.

One certainty is that thousands of people will spend next New Year's Eve as patients in California's hospitals. And for *(hospital/health system name)*, ensuring the safety of patients is a top priority.

The sheer number of critical areas our hospital must address is vast. Potentially affected by the Y2K problem will be medical devices or systems with microprocessors, embedded chips and/or software; information systems; environmental equipment, such as heating, ventilation and air conditioning; elevators; and security systems.

Most crucial is equipment that is tied to life support or critical patient monitoring, such as heart-lung machines, infusion pumps, blood glucose monitors, ventilators and dialysis machines.

Information systems affect nearly every aspect of the patient-care environment – financial and accounting systems, record-keeping and archival systems, patient scheduling and referral systems, pharmaceutical and medical supply systems, asset and inventory management systems.

Managing our hospital's spectrum of Y2K risk involves the steadfast commitment and leadership from biomedical engineering, purchasing, information systems, telecommunications, imaging, laboratory, pharmacy, plant operations, facilities, safety, nursing, environmental services, food and nutrition, and legal affairs.

But for *(hospital/health system name)*, the responsibility for sound patient care is paramount. Patients have a trust relationship with our facility and its staff, and their expectation is that they will receive high-quality services. We do, and will continue to, meet this expectation.

*(Hospital/health system name)* has been making every effort to prepare for the unexpected as we collectively greet the new millennium. Our commitment is strong; our mission to deliver safe, quality health care is clear; and our responsibility to our patients is – and will – remain our primary purpose.

**EXTERNAL: SAMPLE 60-SECOND PSA FOR LOCAL RADIO**  
*(Revise to meet your hospital's/health system's needs.)*

Where will you be this New Year's Eve as we usher in the new millennium? One certainty is that hundreds of thousands of people will spend New Year's Eve as patients in America's more than 5,000 community hospitals. Another million or so will be working there.

Health care, like other fields, has the potential of being impacted by the year 2000 date change. However, you should know that *(hospital/health system name)* has invested significant dollars and hours assessing, evaluating and replacing medical equipment in order to be year 2000 compliant by Dec. 31, 1999.

*(Hospital/health system name)* has been – and will be – working to continue to provide safe, effective, quality care for you and your loved ones well into the next century. So ring in the year 2000 and, from our hospital family to yours, have a happy and healthy New Year.

## INTERNAL: SAMPLE Y2K STATUS REPORT

*(Revise to meet your hospital's needs.)*

### Year 2000 Compliance Project Status (as of \_\_\_\_\_, 1999)

- *(Hospital name)* has \_\_\_\_\_ pieces of medical equipment, which are in the processing of being checked for Y2K compliance. Everything from heart-lung machines to X-ray viewers is being evaluated. Priority is being given to direct patient-care equipment, such as monitoring systems.
- All medical equipment and information systems are being evaluated by clinical engineers and consultants, with a goal of completing the evaluations by \_\_\_\_\_, 1999.
- All equipment will be tagged with "Y2K Compliant" stickers. Cost of the stickers alone is \$\_\_\_\_\_.
- A disaster recovery plan is being developed and will be in place by \_\_\_\_\_ for information systems, including two-way radios, telephones, data systems and more.
- Clinical engineering and information systems staff will be in the hospital on \_\_\_\_\_ to ensure normal operations of the hospital if unexpected problems arise.

Project Manager: \_\_\_\_\_

**INTERNAL: SAMPLE ARTICLE FOR STAFF NEWSLETTER  
(FROM INDEPENDENT HOSPITAL)  
(Revise to meet your hospital's needs.)**

**Battle Continues With Y2K Bug**

Whether we call it the year 2000 problem, Y2K or the millennium bug, *(hospital name)* is aggressively preparing to ensure it's ready when the clock strikes midnight 1999.

The good news is it's been a well-defined problem and any one instance of Y2K trouble will be relatively easy to repair. However, it's the sheer scope and complexity of our hospital computer programming that has turned the effort into a labor-intensive and expensive undertaking.

Fortunately, our hospital administration has been keenly aware of the scope of the Y2K challenge and has budgeted for additional staffing time, as well as expense related to necessary equipment upgrade and replacement. "We've prioritized our work and have been communicating with our vendors to make every attempt to be year 2000 compliant by \_\_\_\_\_," said *(full name and title of hospital CEO)*.

*(Hospital name)*'s Y2K project team has been meeting monthly to ensure the project remains on track. Team members include *(list team leader, team members and department names)*.

"Most likely, you've been visited by one or more of our team members to be briefed on our timelines and the specific goals for your department," said *(last name of team leader)*. "Every member of the hospital and medical staff will be provided with a status report on compliance and oriented on equipment usage at mandatory meetings scheduled for \_\_\_\_\_. Contingency and emergency plans will be outlined at the meeting with a drill for necessary personnel planned in \_\_\_\_\_."

As the Y2K challenge affects every employee and patient, the responsibility of compliance needs to be shared and embraced by all of us to ensure the highest level of safety. "Although all of the hands-on work is being completed by our Y2K team members and technical personnel, we are relying on all staff members for support by being alert to potential problems," *(last name of hospital CEO)* said. "It's only with your continued interest and dedication to systemwide patient safety that we'll successfully beat the bug."

**INTERNAL: SAMPLE ARTICLE FOR STAFF NEWSLETTER  
(FROM HEALTH SYSTEM)**

*(Revise to meet your health system's needs.)*

***(Health System Name)*'s Hospitals Are Preparing for Year 2000 Bug**

With the year 2000 (Y2K) problem on everyone's mind, *(health system name)* wants to share the steps we have taken to avoid any problems that might interfere with patient care when the calendar turns to Jan. 1, 2000.

*(List all hospitals within system)* use computers and computer chips for testing and diagnoses, treatment, patient monitoring and management. In addition, computers and computer chips are used in elevators, air/heating systems, plumbing, communications, security and other areas.

The Y2K problem stems from the way some computer systems or chips were programmed to process date information. To conserve memory, dates were stored as two-digit, rather than as four-digit, numbers, with all dates assumed to be between 1900 and 1999. Thus, the year 2000, stored as "00," will be assumed to be 1900, and the year 2001 as "01" will be assumed to be 1901, etc. The concern is that confusion about the actual date could interfere with the computer's or computer chip's proper function.

*(Health system name)*'s hospitals have been aggressively pursuing solutions to the Y2K issue since \_\_\_\_\_. Our first step was to conduct a complete survey of our computer systems, clinical equipment and facilities. We also have consulted with manufacturers and worked to resolve any Y2K issues by correcting potential problems through standard maintenance and upgrading of equipment.

At our hospitals, the Y2K issue is being managed by year 2000 project teams. Senior management supervises compliance plans and the community representatives who make up our board of trustees review progress. While it is impossible for any organization to guarantee 100 percent Y2K compliance, we are identifying and solving Y2K problems so the change to 2000 will not impact patient care at our hospitals.

Our understanding of the Y2K problem is constantly evolving, and our plans and solutions are being reviewed and revised as the year 2000 approaches. Certainly, Y2K problems outside our control could affect our ability to serve patients and visitors. We rely on many outside vendors and organizations that need to address Y2K issues in their own way. In fact, the government has stated that it is not possible for any single organization to say it has achieved complete Y2K compliance. While we can make no guarantees regarding this issue, we can state that we are making appropriate progress to prepare for the year 2000; will continue to modify our plans and efforts as necessary; and will have contingency plans in place to address any unexpected Y2K problems. We look forward to continued service to our patients in the year 2000 and beyond.

## INTERNAL: SAMPLE CEO LETTER TO EMPLOYEES

*(Revise to meet your hospital's/health system's needs.)*

### **Our Y2K Success is Up to You!**

New Year's Eve 1999 should be a time of celebration for you, our hospital family, our patients and our community. As you know, we've been working diligently on our year 2000 (Y2K) compliance to ensure it's just that – a safe and happy time for us all.

I want to personally thank all of you, our employees. Our success in overcoming any Y2K problems has depended, and will continue to depend, on each and every employee, medical staff member and volunteer. *(Hospital/health system name)*'s mission to deliver superior quality patient care can never be compromised in any way. We've allocated appropriate funds in our 1999 budget to cover additional technical staff, if necessary, including overtime for our Y2K project team members.

However, our real success is up to you – our front-line, patient-care team members and volunteers – to ensure any unforeseen problems are identified quickly and responded to appropriately.

*(Full name of Y2K project team leader)*, our Y2K project team leader, and I look forward to seeing you at our mandatory status report meeting on compliance and equipment usage orientation on \_\_\_\_\_. I'm proud of the accomplishments the project team has made and the institution-wide cooperation and commitment shared by all of you. It is only with your continued support that we all will be cheerfully ringing in the New Year for our patients and their families.

Thank you again,

President & CEO

**INTERNAL: SAMPLE LETTER TO PATIENTS**  
*(Revise to meet your hospital's needs.)*

***(Hospital Name)* and the Year 2000**

At *(hospital name)*, we've been working diligently to ensure the continued delivery of safe, high-quality health care for you – our patients and your family members – now and into the next century.

The challenges presented by the date-change rollover on Jan. 1, 2000, have been large, not only for hospitals, but also for all of our local business and service organizations. At *(hospital name)*, we have taken our responsibility seriously and are proud to share with you that our millennium team has made significant progress not only in identifying the potential sources of year 2000 (Y2K) problems, but eliminating them altogether by upgrading, testing and in some cases replacing equipment to ensure the utmost in patient safety.

To date, *(hospital name)* has spent nearly \$\_\_\_\_\_ and devoted \_\_\_\_\_ staff hours in addressing the challenge. As of \_\_\_\_\_, 1999, \_\_\_\_ percent of our software programs are up to speed and \_\_\_\_ percent of our medical equipment is certified "Y2K OK." All remaining upgrades have been ordered and will be fully operational and tested by \_\_\_\_\_ – well in advance of the New Year.

Feel free to follow our Y2K progress by visiting our hospital website at \_\_\_\_\_ or calling our Y2K project manager, \_\_\_\_\_, at (\_\_\_\_) \_\_\_\_\_.

## ***PART III***

### **Contingency Planning**

The American Hospital Association (AHA), in partnership with the California Healthcare Association, Hospital Council of Northern and Central California, Healthcare Association of Southern California, and Healthcare Association of San Diego and Imperial Counties, is continuing to build awareness about, and provide tools to help members perform, year 2000 (Y2K) contingency planning.

At this point in Y2K preparation, it is critical that hospitals and health systems begin to focus on contingency planning. Given the complexity of health care facilities, no organization will have found and fixed all of its Y2K bugs. This means hospitals and health systems also should develop action plans for responding to the potential loss of any essential processes or services. These efforts need to be directed both internally across facilities, and externally within communities, to include utilities, fire/police, ambulance and other health care providers.

This section contains crisis communication tips for working with outside organizations (see page 31) and a template of an emergency management plan to help coordinate and track Y2K activities with other community partners (see page 35).

AHA is making available a number of tools to help with the complex process of contingency planning. A CEO-level executive briefing, which outlines the basic framework for a Y2K contingency plan, already has been distributed. This resource was developed through the efforts of the Odin Group's *Vital Signs2000* project. AHA also has a *Y2K Contingency Planning Workbook* containing "how-to" resources and templates on community-wide Y2K contingency planning, among other things (see AHA Inventory of Y2K Materials on page 53). In addition, AHA's website has an expanded group of resources on contingency planning.

## CRISIS COMMUNICATION TIPS

**Y2K crisis communications must be considered from three perspectives:**

- 1) Limited impact: your immediate facility
- 2) Regional impact: most or all of the services in your region
- 3) Catastrophic impact: widespread breakdown of systems

**Limited impact:** General systems are working, but the interface between your facility and other community services, such as energy, water, communications, etc., is affected by Y2K.

- Review your facility emergency operations plan.
  - How will you contact the nearest facility if phones are out and cells are jammed?
  - How current is your crisis communications plan? It should work as well in a Y2K emergency as it would in other emergencies, such as severe weather or major accidents.
  - Every emergency preparedness plan should include preparation, response and recovery.
- How does crisis communication fit in?
  - Consider communication issues for internal and external audiences.
  - Work with local radio and television stations to get information out to the community, asking for help and letting people know what to expect from your facility.
  - Decide how to communicate with employees who are not working if the normal means of communication doesn't reach them.

**Regional impact:** Breakdown is widespread within your community affecting energy, phones, police, water, other health facilities and other city services.

- Be sure to be included NOW on your city or county emergency preparedness team.
  - Know the city or county emergency plan and how your facility fits in. For example, some communities have identified fire stations as "emergency medical centers" to which health care personnel, as well as local citizens (by radio broadcasts), are asked to report for emergency assistance.
  - If normal communications are disrupted, routine back-ups may become overloaded and intra-agency coordination will be required. Learn what additional back-up systems are in place in your community.
  - Meet with the communications managers of other key organizations, such as the city or county, ambulance service (if separate from your facility), energy, water, phone, hazardous materials, etc. Include the Red Cross or other emergency service agencies.
- Set up a command center at your facility to coordinate all activity, including communication.
  - Again, consider messages to internal and external audiences.

**Catastrophic impact:** Breakdown of systems impacts entire regions of the country. THIS IS HIGHLY UNLIKELY. However, it is worthwhile to spend some time considering the implications and importance of calm, accurate communications. Most of your time should be spent preparing for the first two scenarios.

## CONTINGENCY OVERVIEW APPROACH

### ACTIVITY I: ASSESSMENT

#### Step 1: Department Assessments

Each department in the hospital – such as infection control, nursing, emergency room, maternity, etc. – must plan for the loss of functions or processes that affect their ability to provide necessary services. Contingency plans will need to be developed for the critical areas of risk identified within each of these processes.

#### Step 2: Facility Assessment

Certain functions and processes are at risk due to technology failures that would affect the entire operation or at least multiple parts of the day-to-day operations. Functions grouped into three categories – infrastructure (e.g., water, utilities), key systems (e.g., elevators, clocks, HVAC) and operations (e.g., clinical gases, materials management) – are best planned at the organization level.

#### Step 3: Community Services Assessment

A hospital is part of a larger community. As such, it depends on many services provided by other organizations within its community (e.g., fire, police, utilities, ambulance, other hospitals). It is critical that hospitals contact community organizations to ensure the continuation of, and planning for, the potential loss of essential services.

### ACTIVITY II: PLANNING

#### Step 1: Establish a Contingency Planning Team

The team should consist of senior and operational leaders from the hospital and should be led by senior management, such as the hospital CEO or administrator. This team will direct the facility's contingency planning efforts.

#### Step 2: Identify Mission-Critical Processes and Services

At this phase, it is important to identify facility, department and community-level services that are critical to patient care.

#### Step 3: Review Mission-Critical Processes and Services

As part of this phase, the contingency planning team will review and prioritize facility, department and community-level processes, and identify those processes that require documented “workarounds” – or “quick fixes” – that temporarily solve the problem, but will have to be revisited in the future.

#### Step 4: Develop Facility Contingency Plan

The department, facility and community-service teams will conduct the actual contingency planning effort at this point. This includes documenting workarounds and validating their effectiveness. The focus at this point is determining what supplies, resources, costs, etc., are needed to implement the workarounds.

**Step 5: Evaluate Facility Contingency Plan**

The team will now use the feedback they've received from the hospital's internal facility and external community services team to validate the effectiveness of the contingency plan.

**Step 6: Communicate the Plan**

It now is time to develop the communication plan for internal and external environments; communicate with the medical staff and community at-large; distribute the contingency plan; train staff as needed; assure the availability of budgeted resources (e.g. staff, material, equipment); and assess the impact of the plan and modify it as necessary.

**ACTIVITY III: PLAN IMPLEMENTATION**

This is the final activity. Once the facility contingency plan is completed and evaluated, the hospital leaders must begin to prepare for its actual implementation. The activation of the contingency plan only takes place in the event of a failure of an essential process or service. The objective is to maximize the quality of health care services delivered to patients, while minimizing disruptions to the delivery of these essential services.

## COMMUNITY CONTINGENCY PLAN TEMPLATE

(For use in adapting the local Emergency Operations Plan to include Y2K contingencies.)

Services (not all inclusive)	Areas of Concern/Impact	Backup Systems/ Contingency Plans	Key Contacts
<b>Power</b>			
Municipal and public utilities and the power grid	Loss of heating/air conditioning, lighting, communications and numerous amenities of daily life.	Refer to city or county Emergency Operations Plan. Secure standby generators. Secure public shelter and relief facilities (reception and care districts) and food supply.	Name: Address:  Phone:  Name: Address:  Phone:
Standby generators	Loss of power with the same results as above.	Refer to city or county Emergency Operations Plan. Manual standby generator activation. Top off fuel tanks in December 1999 and procure additional supplies as necessary.	Name: Address:  Phone:  Name: Address:  Phone:
<b>Food and Water</b>			
Water – pumping	Pumps may stop working and soon there would be no water in the distribution pipes.	Refer to city or county Emergency Operations Plan. Prepare water trucks for emergency distribution. Encourage citizens to have bottled water handy.	Name: Address:  Phone:  Name: Address:  Phone:

**Food and Water (cont'd)**

<b>Services</b>	<b>Areas of Concern/Impact</b>	<b>Backup Systems/ Contingency Plans</b>	<b>Key Contacts</b>
Water – well management	Not available when needed.	Refer to city or county Emergency Operations Plan. Alternate sources of supply (rivers, lakes).	Name: Address:  Phone:  Name: Address:  Phone:
Waste water treatment	Sewer and water treatment system may be disabled.	Refer to city or county Emergency Operations Plan. Secure portable latrines. Water trucks may be useful.	Name: Address:  Phone:  Name: Address:  Phone:
Emergency food distribution	Supermarkets may close due to power outages; suppliers may be unable to deliver stock, etc.	Refer to city or county Emergency Operations Plan. List locations for assistance. Pre-stock essential supplies.	Name: Address:  Phone:  Name: Address:  Phone:

Services	Areas of Concern/Impact	Backup Systems / Contingency Plans	Key Contacts
<b>Emergency Services</b>			
911	Emergency response may be delayed or prevented. Streets may be blocked or congested due to crowding by community members celebrating the new year.	Refer to city or county Emergency Operations Plan. Alternate phone numbers, cell phones, radio should be on file. Secure ambulance service.	Name: Address:  Phone:  Name: Address:  Phone:
Weather warning and tornado warning sirens	The system may not activate when needed or could produce false alarms.	Refer to city or county Emergency Operations Plan. Manual activation, if possible.	Name: Address:  Phone:  Name: Address:  Phone:
Emergency shelter	Power outages or failure to deliver fuel may cause home heating to fail.	Refer to city or county Emergency Operations Plan. Secure congregate care centers.	Name: Address:  Phone:  Name: Address:  Phone:

**Emergency Services (cont'd)**

Services	Areas of Concern/Impact	Backup Systems/ Contingency Plans	Key Contacts
Mutual aid agreements	Nearest neighbor may not be able to help.	Refer to city or county Emergency Operations Plan. Establish relationships in region and state.	Name: Address:  Phone:  Name: Address:  Phone:
<b>Health Care</b>			
Hospital/clinic/long-term care equipment and facility	Power and water supplies may be disrupted. Monitors and other date-recording equipment, patient records, EDI with Medicare, Medicaid and private payers, etc., may fail to record accurate dates.	Refer to hospital, clinic or long-term care facility Contingency Plan. Secure standby generators. Plan elective procedures according to capacity of hospital.	Name: Address:  Phone:  Name: Address:  Phone:
Emergency medical services	Injuries or illness may result from loss of power, food, water or security. Injuries may result from drinking and driving, drug overdoses, gang-related violence or other careless celebratory activities.	Refer to city or county Emergency Operations Plan and hospital Contingency Plan. Secure ambulance service. Medical triage rules should be applied.	Name: Address:  Phone:  Name: Address:  Phone:

Services	Areas of Concern/Impact	Backup Systems/ Contingency Plans	Key Contacts
<b>Security</b>			
Street lights	Parking lot and street security: increased risk of crime and driving hazards.	Refer to city or county Emergency Operations Plan. Manual activation, if possible.	Name: Address:  Phone:  Name: Address:  Phone:
Lock-ups	Prison escapes.	Refer to city or county Emergency Operations Plan. Perform lockdowns manually. Disable any computerized lockdown controls.	Name: Address:  Phone:  Name: Address:  Phone:
<b>Communication</b>			
PBX/Phones	Loss of internal and external communication lines.	Refer to city or county Emergency Operations Plan. Use radio, pagers, cell phones or couriers.	Name: Address:  Phone:  Name: Address:  Phone:

**Communication (cont'd)**

<b>Services</b>	<b>Areas of Concern/Impact</b>	<b>Backup Systems / Contingency Plans</b>	<b>Key Contacts</b>
Radio	Loss of police patrol communication, increasing danger for police who cannot call for backup.	Refer to city or county Emergency Operations Plan. Use cell phones, if possible. Double up patrol assignments.	Name: Address:  Phone:  Name: Address:  Phone:
Pagers	Missed and erroneous pages.	Use cell phones, if possible; otherwise, use periodic call-ins or face-to-face communications.	Name: Address:  Phone:  Name: Address:  Phone:
Cell phones	Missed and erroneous calls.	Use radios or face-to-face communication.	Name: Address:  Phone:  Name: Address:  Phone:

**Communication (cont'd)**

Services	Areas of Concern/Impact	Backup Systems / Contingency Plans	Key Contacts
Written (copiers, fax machines)	These machines may stop working.	Postpone or use carbon copies, if available.	Name: Address:  Phone:  Name: Address:  Phone:
<b>Transportation</b>			
Traffic control	Traffic lights may malfunction. Traffic lights may be damaged by auto accidents or rioting.	Refer to city or county Emergency Operations Plan. Use police overtime, or auxiliary police force if available, to manually direct traffic.	Name: Address:  Phone:  Name: Address:  Phone:
Freeway management systems	Highway congestion.	Refer to city or county Emergency Operations Plan. Use police overtime, send letters to the public, or place newspaper ads stressing the need for greater safety consciousness.	Name: Address:  Phone:  Name: Address:  Phone:

**Transportation (cont'd)**

<b>Services</b>	<b>Areas of Concern/Impact</b>	<b>Backup Systems / Contingency Plans</b>	<b>Key Contacts</b>
Trains	Railroad crossing warnings fail (warnings are controlled by microcomputer). Railroad crossing warnings may be damaged by auto accidents or rioting.	Refer to city or county Emergency Operations Plan. Send letters to the public or place newspaper articles alerting the public to the danger.	Name: Address:  Phone:  Name: Address:  Phone:
Airports	Air-traffic-control systems disrupted.	Refer to city or county Emergency Operations Plan, state and federal regulations and plans. Increase traffic intervals; require use of visual flight rules.	Name: Address:  Phone:  Name: Address:  Phone:
Airports	Timed runway lighting systems disrupted.	Refer to city or county Emergency Operations Plan, state and federal regulations and plans. Disable computer controls; activate manually, if possible.	Name: Address:  Phone:  Name: Address:  Phone:

**Transportation (cont'd)**

<b>Services</b>	<b>Areas of Concern/Impact</b>	<b>Backup Systems / Contingency Plans</b>	<b>Key Contacts</b>
Elevators	Loss of access for disabled persons who work on upper floors.	Refer to individual entity's Contingency Plan. Give the fire key to selected employees for use in an emergency.	Name: Address:  Phone:  Name: Address:  Phone:
<b>Commerce</b>			
EDI (electronic data interchange), electronic payroll deposits, welfare payments, credit card purchases, security, power, water, elevators, etc.	All commerce except cash or barter transactions may be disrupted. Suppliers may be unable to deliver stock.	Refer to individual entity's Contingency Plan, including communication strategies and local Chamber of Commerce or other business coalitions.	Name: Address:  Phone:  Name: Address:  Phone:

## ***PART IV***

### ***Resources***

A multitude of information already exists on the Y2K computer problem. AHA offers a number of services and resources through its web site, clearinghouse, personal membership groups and financial/insurance subsidiary, AHA Insurance Resource Inc.

In addition, other organizations and agencies have developed their own web pages devoted exclusively to Y2K.

The next page lists some of AHA's resources, as well as several other sites to obtain additional Y2K information. Following that are frequently asked questions about the Security Third Millennium\* product, especially for those members who may have an interest in subscribing to the service. Finally, we've included a general inventory of resources (either developed or compiled by AHA) that may assist you in developing additional materials on Y2K.

*\*This service is available in California through HealthPlus Shared Services. For more information, please contact HealthPlus Shared Services at (925) 746-2400.*

## RESOURCES AND Y2K WEB SITES

### AHA Member-Only Y2K Website

- [www.aha.org/y2k](http://www.aha.org/y2k)

### AHA Y2K Clearinghouse

- Telephone: (312) 422-3932  
Fax: (312) 422-4591

### AHA Personal Membership Groups

- American Society for Healthcare Engineering (ASHE)  
Telephone: (312) 422-3800  
Fax: (422-4571  
[www.ashe.org](http://www.ashe.org)  
Contact: Joseph Martori, Executive Director
- Association for Healthcare Resource & Materials Management (AHRMM)  
Telephone: (312) 422-3840  
Fax: (312) 422-4573  
[www.ahrmm.org](http://www.ahrmm.org)  
Contact: Al Sunseri, Executive Director
- American Society for Healthcare Risk Management (ASHRM)  
Telephone: (312) 422-3980  
Fax: (312) 422-4580  
[www.ashrm.org](http://www.ashrm.org)  
Contact: Christy Kessler, Executive Director
- AHA Insurance Resource Inc. (AHA-IRI)  
Telephone: (312) 266-2601  
Fax: (312) 266-7462  
Contact: Tony Spohn, Property/Casualty Manager

### Other Y2K websites that provide additional resources and information include:

1. [www.siiim.com](http://www.siiim.com) (Security Third Millennium)
2. [www.fda.gov/cdrh/yr2000/year2000.html](http://www.fda.gov/cdrh/yr2000/year2000.html) (Food and Drug Administration)
3. [www.y2k.gov](http://www.y2k.gov) (President's Council on Year 2000 Conversion)
4. [www.rx2000.org](http://www.rx2000.org) (Rx2000 Solutions Institute)
5. [www.itpolicy.gsa.gov/mks/yr2000/y2khome.htm](http://www.itpolicy.gsa.gov/mks/yr2000/y2khome.htm) (General Services Administration and the Chief Information Officers Council Committee on Year 2000)
6. [www.cdc.gov/y2k/year2000.htm](http://www.cdc.gov/y2k/year2000.htm) (Centers for Disease Control)
7. [www.nist.gov/y2k](http://www.nist.gov/y2k) (National Institute of Standards and Technology)
8. [www.year2000.com](http://www.year2000.com) (The Year 2000 Information Center)

## SECURITY THIRD MILLENNIUM PRODUCT (SIIM)

### **Security Third Millennium Frequently Asked Questions**What is Security Third Millennium (SIIM)?

SIIM is the country's premier information service targeting the Year 2000 readiness of medical equipment and devices. Focused on hospitals, SIIM has built a data repository that is Internet-accessible, containing compliance information for many thousand of pieces of equipment found in hospital inventories nationwide.

### **How do hospitals use SIIM?**

Over the last year, SIIM staff has discovered that besides being remarkably similar, health care providers can be surprisingly different depending on a variety of factors including size, location, mission, specialization and organization. It should come as no surprise then that different subscribers use SIIM in different ways.

Some institutions have used SIIM to jump-start their Y2K programs. Using the inventory matching service, they have benefited by having their entire medical equipment inventories scrutinized against the SIIM database, receiving a status report back within 21 calendar days that provides a Y2K assessment of each item in the inventory.

In addition, smaller institutions have used SIIM to free up resources, allowing staff to concentrate on Y2K action instead of on the time-consuming and seemingly endless task of contacting manufacturers.

Larger institutions already have performed inventory assessments and are using SIIM to provide added due diligence and quality-assurance checks on their own inventory assessments.

### **What is inventory matching?**

Subscribers can submit their medical equipment inventories to SIIM electronically as an Excel spreadsheet. When the inventory is received, SIIM assigns an analyst to format and process the inventory against the SIIM database. Within 21 calendar days, the subscriber receives a status report (also as an Excel spreadsheet) listing the Y2K compliance status of each piece of equipment in the inventory.

As a risk-assessment tool or an inventory-assessment tool, the inventory matching service results in a report that Y2K project managers and health care administrators can use to address the needs of their institutions.

### **Isn't SIIM's information already available in the FDA's free database?**

Yes. Some of the information in SIIM's data repository is available for free on the FDA's medical device database. As a matter of fact, some of it also is available on free websites supported by various universities, technical-support groups and nonprofit organizations.

However, SIIM has a staff who actively pursues manufacturers for complete compliance information and monitors their releases for revisions, changes and updates.

Unlike other sources of information, SIIM's data repository is built from actual hospital inventories. This means that SIIM's data reflects the actual equipment used by health care providers today. As inventories are received, SIIM analysts identify equipment not currently entered in the system and investigate it in order to add it. SIIM is committed to working with subscribers to

locate the compliance data for every piece of medical equipment in their inventories.

SIIM has invested significant resources into tracking down the manufacturer compliance information. They have mapped hundreds of companies that have merged, been purchased or reorganized, changed names or seemingly vanished. SIIM also has mapped scores of separate subsidiary and division aliases.

### **What kind of information will I find in the SIIM system?**

SIIM has compiled a wide range of Y2K compliance information on thousands of pieces of medical equipment. The completeness of the information that SIIM provides is, of course, dependent upon the level of detail provided by the manufacturer.

SIIM's compliance information may include: manufacturer contact information, copies of the manufacturer's correspondence, the compliance status of the device, information on workarounds and upgrades, testing protocols, direct links to manufacturers' websites, and a log of SIIM contacts with the manufacturer.

### **How can compliance information for a specific piece of equipment be located?**

SIIM's data repository can be searched online in several ways. Specific queries can be keyed in using the manufacturer's name, the equipment type, or the model number. The system reports compliance information to the model number or to the serial number, if that level of information is available.

### **What information must be submitted for inventory matching?**

For an inventory to be matched against the SIIM database, subscribers submit a listing of their medical equipment formatted as an Excel spreadsheet. Three data fields are required for each piece of equipment to ensure that it is accurately identified. The required data fields are the manufacturer name, the device type, and the model number of the device.

### **What does SIIM do that I can't do?**

SIIM has pulled together information from almost 2,000 manufacturing companies on the Y2K status of the most commonly used medical devices found in hospitals today. SIIM has developed a data repository that is continuously enhanced and upgraded. SIIM has tracked down who maintains the compliance information and recorded where it is kept; scanned information, created web links to it, reviewed it, and requested more of it; and parsed it, mapped it and reported it.

### **Don't I need to gather all of the compliance information on my medical devices directly from the manufacturer?**

You do need to collect the best information available on the devices in your medical equipment inventory. The only place to find that information is from the manufacturer. Unfortunately, contacting hundreds of manufacturers is a daunting and time-consuming task, and many hospitals don't have the time. SIIM has compiled comprehensive Y2K compliance information from hundreds of manufacturers and report it exactly as the manufacturers report it to them.

SIIM provides their subscribers with only what the manufacturer releases on the products they produce. SIIM scans the manufacturers' documentation so that subscribers can download and print hard copies for their own files. SIIM provides direct links to manufacturer web sites. And if subscribers aren't satisfied with the information, SIIM provides the names and numbers of who to call in the company.

In a way, you can think of SIIM as your partner in collecting manufacturers' compliance information.

### **What risk do embedded computer chips pose in medical devices?**

Embedded computer chips have the potential to disrupt the normal operation of certain medical devices. Such disruptions can threaten the

health and safety of patients and the public. While this does not mean that every medical device presents a risk, projections of medical device failures vary widely and no one knows with any certainty how serious the problem will be.

In order to ensure the health and safety of the patients in their care, health care providers must make a reasonable effort to identify and eliminate the risks posed by this equipment.

Reliable information is the starting point for any effort to address medical device readiness. After a slow start, most medical device manufacturers are finally beginning to publish this information. SIIIM was designed to provide the health care industry with a seamless interface to manufacturers' compliance information on tens-of-thousands of pieces of medical equipment. SIIIM takes some of the guessing, and some of the work, out of identifying the Y2K readiness of medical equipment.

**Does SIIIM contain information on infrastructure items like elevators and power systems?**

No. SIIIM was created specifically to address the Y2K compliance of medical equipment and devices. Although SIIIM has had requests to expand its service to include other areas, they have chosen to remain focused exclusively on medical devices and equipment. SIIIM is committed to delivering the resource available for medical devices and Year 2000.

**Are hospitals the only institutions that can benefit from SIIIM's information and services?**

No. In fact, any health care provider that maintains or operates a significant inventory of medical devices can benefit from SIIIM. Other users include surgery centers, doctors' offices, health clinics, long-term care facilities and home health agencies.

SIIIM recently received medical equipment inventories from several long-term care facilities and was endorsed by the American Association of Homes and Services for the Aged.

## AHA INVENTORY OF Y2K MATERIALS

Please call Dionne Dougall in AHA Media Relations at (202) 626-2284 to obtain faxed pages or loaner documents of the following items:

- ❑ *Y2K: Mission Critical – An Executive Briefing for CEOs and Other Health Leaders* (6/98)
- ❑ *CEO Executive Summary on Y2K Contingency Planning* (1/99)
- ❑ Various articles on hospital case examples
- ❑ *The Year 2000 Health Care Survival Guide* (published by AHA Press, 10/98)
- ❑ [www.aha.org/y2k](http://www.aha.org/y2k)
  1. Association activities and resources: [www.aha.org/y2k/Year2K/statemetro.html](http://www.aha.org/y2k/Year2K/statemetro.html)
- ❑ AHA Regulatory Advisory: “Getting Ready To Submit Year 2000 Compliant Medicare Claims: What You Can Do” (12/17/98)
- ❑ AHA Legislative Letters
  1. Letter to Nancy-Ann DeParle regarding concerns of HCFA’s readiness for Y2K (8/21/98)
  2. Letter of support for the Y2K Good Samaritan legislative proposal (9/16/98)
  3. Letter of support for the Y2K Information and Readiness Disclosure Act (9/24/98 & 10/1/98)
- ❑ News Releases/Statements
  1. “Health Care Uniquely Impacted By Year 2000 Bug: AHA Calls for Federal Partnership to Address Issue” (5/7/98)
  2. National Patient Safety Partnership Statement on Year 2000/Medical Devices (7/9/98)
  3. “Millennium Bug Could Impact Patient Care: AHA” (7/16/98)
  4. “AHA Calls on Federal Government to Exercise Authority on Y2K Issue to Maintain Quality Patient Care” (7/23/98)
  5. “Year 2000 Council, Senators Bennett and Dodd, AHA Stress Importance of Hospital Preparedness for the Year 2000” (10/6/98)
  6. “AHA Incoming Chairman to Join White House Senior Advisors Group on Y2K” (1/19/99)

7. AHA Testimony: “Hospitals Aggressively Preparing for Y2K; AHA Survey Says Y2K Compliance Could Cost Up To \$8.2 Billion” (2/24/99)
- ❑ AHA CEO Questionnaire: Y2K Member and Needs Assessment: Summary of Findings (10/6/98)
  - ❑ AHA Cost Survey and Results (2/99)
  - ❑ George Washington University Hospital Year 2000: Model Outline for Hospitals (10/6/98)
  - ❑ AHA Testimonies
    1. Jennifer Jackson before the Subcommittee on Oversight of the House Committee on Ways & Means – “The Impact on Health Care of Potential Year 2000 Computer Problems” (5/7/98)
    2. David L. Bernd before the Subcommittee on Health of the House Committee on Ways & Means – “The Administration’s Plan to Delay Implementation of the Balanced Budget Act of 1997” (7/16/98)
    3. Jennifer Jackson before the Senate Special Committee – “Year 2000 Technology Problem” (7/23/98)
    4. Fred Brown before the House Ways & Means Committee – “Year 2000 Conversion Efforts and Implications for Beneficiaries and Taxpayers” (2/24/99)
- (4/99)